

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
AUG 07 2013  
Bayfield Co. Zoning Dept.

# 3244175 = \$449  
Permit #: 13-0206  
Date: 8-26-13  
Amount Paid: 3241 - 175 = 1086  
Refund: 164  
8-9-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: William B. Fields		Mailing Address: 88 Black Lk Rd		City/State/Zip: St. Paul MN 55127		Telephone: 651-483-8263	
Address of Property: 50905 Blue Lake Rd		City/State/Zip: Barnes WI 54873		Cell Phone: 715-276-2792		Plumber Phone: 715-416-0222	
Contractor: Cathy Stenke		Contractor Phone: 715-276-2792		Plumber: Nate Anderson		Plumber Phone: 715-416-0222	
Authorized Agent: (Person Signing Application on behalf of Owner) Don and Doreen Sals - Becky		Agent Phone: 715-416-4380		Agent Mailing Address (include City/State/Zip): 900-12th Ave St. Minnqville		Written Authorization Attached Yes No	
PROJECT LOCATION: SW 1/4, SE 1/4		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-04-2-45-09-06-403-000-10000		Recorded Document: (i.e. Property Ownership) June 830 Page 6019-1954	
Gov't Lot		Lot(s)		CSM		Vol & Page	
Section D12, Township H5N N, Range D9 W		Number of: BARABES		Lot Size		Acreage 39	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$128,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CONVENTIONAL	<input type="checkbox"/> Private (Pit) or Vaulted (min 200 gallon)
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 416'	Width: 30'	Height: 30'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(30 x 46)	1,380
<input checked="" type="checkbox"/> Residential Use	with Loft	(10 x 14)	140
	with a Porch	(12 x 20)	240
	with (2") Deck	(12 x 20)	240
<input type="checkbox"/> Commercial Use	with Attached Garage	(12 x 20)	240
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	(12 x 20)	240
	Mobile Home (manufactured date)	(12 x 20)	240
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(12 x 20)	240
	Accessory Building (specify)	(12 x 20)	240
	Accessory Building Addition/Alteration (specify)	(12 x 20)	240
Rec'd for Issuance	Special Use: (explain)	(12 x 20)	240
	Conditional Use: (explain)	(12 x 20)	240
AUG 26 2013	Other: (explain)	(12 x 20)	240

Secretarial Staff: FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Owner(s):  
Authorized Agent: Cathy Stenke  
Address to send permit: 900 12th Ave St. Minnqville WI 54891  
Date: 8-6-13  
Attach Copy of Tax Statement

- State or Sketch your Property (regardless of what you are applying for)
- Proposed Construction  
Show / Indicate:  
(\*) North (N) on Plot Plan  
(\*) Show Location of (\*):  
(\*) Frontage Road (Name Frontage Road)  
(\*) All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%

See attachment - Replacing existing cabin

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1500+ Feet	Setback from the Lake (ordinary high-water mark)	110+ Feet
Setback from the Established Right-of-Way	1500+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	200+ Feet		
Setback from the South Lot Line	600+ Feet	Setback from Wetland	200+ Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	18 Feet	Setback to Well New well	NA Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

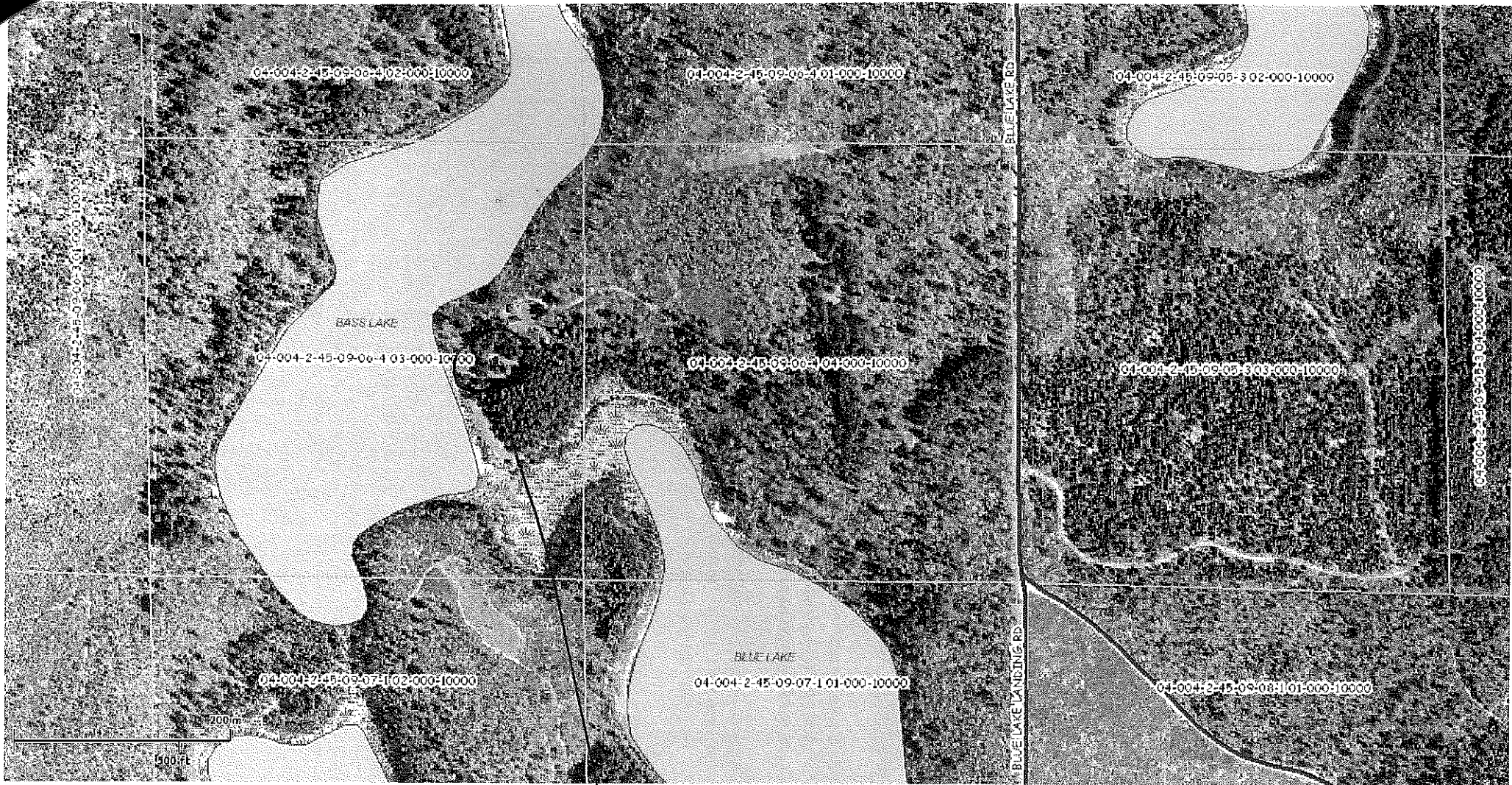
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-1305	# of bedrooms: 3	Sanitary Date: 10-25-12
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-02668		Permit Date: 8-26-13		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:				
Date of Inspection: 8-13-13		Inspected by: M. Fuchs		Zoning District (F-1)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)		Lakes Classification (3)		
Signature of Inspector: Michael Fuchs		Date of Approval: 8-14-13		
Hold For Sanitary: <input checked="" type="checkbox"/> Permit/Hold For TBA: <input checked="" type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input checked="" type="checkbox"/> \$50

# County, WI

## Aerial Map



© Copyright 2008 ESRI. All rights reserved. Printed on Wed Aug 7 2013 09:51:30 AM.

existing cabin to be replaced.



APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
Date Stamp (received)  
AUG 15 2013

AUG 15 2013

Bayer Co. Zoning Dept.

**HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))**

ED TO APPLICANT.

## HOW DO I FILL OUT

Permit #:	13-0816
Date:	8-26-13
Amount Paid:	\$75
OR	8-23-13
reimprinted	

ENTERED

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		William B Freis			Mailing Address:		8 Black Lk Rd St Paul MN 55127	
Address of Property:		51095 Blue Lake Rd			City/State/Zip:		St Paul MN 55127	
Contractor:		Gary Strenke			Contractor Phone:		715-291-2570	
Authorized Agent: (Person Signing Application on behalf of Contractor)		Gary Strenke			Agent Phone:		715-410-4300	
Northland Home Sales		715-410-4300			Agent Mailing Address (include City/State/Zip):		51859 WATZ Anderson	
PROJECT LOCATION		Legal Description: (Use Tax Statement)			PIN: (23 digits)		04-004-2-45-09-00-403-000-10000	
S1/4, S2, 1/4		Gov't Lot			Lot(s)		CSM	
Section 04, Township 45N, Range 09W		Town of:			BARNES		Lot Size	
Acreage		39			Distance Structure is from Shoreline:		Is Property in Floodplain Zone?	
X Shoreland →		X Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →			Distance Structure is from Shoreline: 150+ feet		X Yes	
Non-Shoreland		X Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →			Distance Structure is from Shoreline: 150+ feet		X Yes	
Are Wetlands Present?		X Yes			Are Wetlands Present?		X Yes	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$21,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary      Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)      Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit)      or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use		with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>garage</u>	( 30'x40' )	1,200
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

Date \_\_\_\_\_

Date 8-8-12

**Attach**  
**Copy of Tax Statement**

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1500+ Feet	Setback from the Lake (ordinary high water mark)	150+ Feet
Setback from the Established Right-of-Way	1500+ Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot line	Lake Feet		
Setback from the South Lot line	600+ Feet	Setback from Wetland	300+ Feet
Setback from the West Lot line	Lake Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot line	Town Rd Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Setback to Well	50 Feet
Setback to Drain Field	50+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

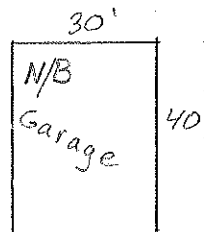
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

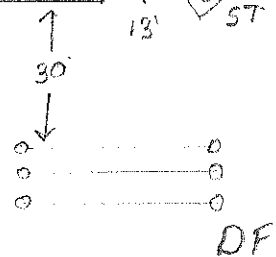
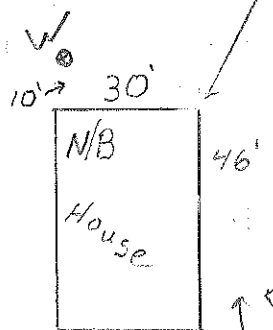
Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-00269		Permit Date: 8-26-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Meets all setbacks.		Zoning District (F-1) Lakes Classification (3)		
Date of Inspection: 8-13-13		Inspected by: M. Fustak		Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
May not be used for human habitation, No wetlands pressure in structure.				
Signature of Inspector: Michael Fustak				
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input checked="" type="checkbox"/> \$75		<input type="checkbox"/> _____
				Date of Approval: 8-19-13

Frels  
56995 Blue Lake Rd



Driveway To Blue Lake Rd

105'



HWM

123'

Blue Lake

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
MAY 22 2013  
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	13-0071
Date:	8-28-13
Amount Paid:	SEE CUP
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Town of Barnes</u>	Mailing Address: <u>3360 Co Hwy N Barnes, WI</u>	City/State/Zip: <u>54873</u>	Telephone: <u>715</u>
Address of Property: <u>same</u>	City/State/Zip: <u>54873</u>	Agent Phone: <u>795-2573</u>	Agent Mailing Address (include City/State/Zip): <u>same</u>
Contractor: <u>same</u>	Contractor Phone: <u>same</u>	Plumber: <u>same</u>	Plumber Phone: <u>795-2782</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Bob Lang</u>	Agent Phone: <u>795-2573</u>	Agent Mailing Address (include City/State/Zip): <u>same</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>SE 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>PLN: (23 digits) 04-004-2-45-09-28-3 04-000-2000</u>	Recorded Document: (i.e. Property Ownership) <u>307</u>	Pages: <u>298</u>
Section <u>28</u> , Township <u>45</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>	Lot Size	Acreage <u>22.521</u>

<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---Continue <u>→</u>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If Yes---Continue <u>→</u>	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Municipal Use			
Rec'd for _____			
AUG 28 2013			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Bob Lang Date 2-19-13  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 3360 Co Hwy N, Barnes, WI 54873  
If you recently purchased the property send your Recorded Deed

(1) Show Location of:	<b>Proposed Construction</b>
(2) Show / indicate:	<b>North (N)</b> on Plot Plan
(3) Show Location of (*):	(*) <b>Driveway</b> and (*) <b>Frontage Road</b> (Name Frontage Road)
(4) Show:	<b>All Existing Structures</b> on your Property
(5) Show any (*):	(*) <b>Well (W);</b> (*) <b>Septic Tank (ST);</b> (*) <b>Drain Field (DF);</b> (*) <b>Holding Tank (HT)</b> and/or (*) <b>Privy (P)</b>
(6) Show any (*):	(*) <b>Lake;</b> (*) <b>River;</b> (*) <b>Stream/Creek;</b> or (*) <b>Pond</b>
(7) Show any (*):	(*) <b>Wetlands;</b> or (*) <b>Slopes over 20%</b>

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code: The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0071		Permit Date: 8-28-13		
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record:				
Date of Inspection: 8-15-13		Inspected by: M. Frutkin		Zoning District (M) Lakes Classification (NA)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)		Date of Re-Inspection:		
Signature of Inspector: Michael Frutkin		Date of Approval: 8-28-13		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>		



# Field County, WI

## Map of Barnes Aerial Map



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
AUG 21 2013

Permit #:	130874	ENTERED
Date:	8-28-13	
Amount Paid:	\$75	
Refund:	8-21-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Department PUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>L. AURENCE DATTMS</u>	Mailing Address: <u>820 WILKINS RD. MENOMONIE, WI. 54873</u>	City/State/Zip: <u>54751</u>	Telephone: <u>715-235-4724</u>
Address of Property: <u>44405 MULLICHAN CREEK RD.</u>	City/State/Zip: <u>BARNES TOWNSHIP, WI. 54873</u>	Cell Phone: <u>715-308-0451</u>	
Contractor: <u>BRYNER LUMBER CO.</u>	Contractor Phone: _____	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION <u>N 1/4, S 1/4</u>	Legal Description: (Use Tax Statement) <u>04-004-2-44-09.14-4-01-000</u>	PIN: (23 digits) <u>004-2-44-09.14-4-01-000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>810</u> Page(s) <u>494</u>
<u>N 1/4, S 1/4</u>	Gov't Lot	Lot(s)	CSM
<u>Vol &amp; Page</u>	<u>810</u>	<u>494</u>	<u>6244</u>
Section <u>14</u> , Township <u>44</u> N, Range <u>9</u> W	Town of <u>BARNES</u>	Lot(s) No.	Block(s) No.
		Lot Size	Acreage
			<u>24</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—Continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$15000=</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Grav.</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>30</u>	Width: <u>32</u>	Height: <u>10</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>FOUR BDO.</u>	( <u>30</u> X <u>32</u> )	<u>960</u>
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
Rec'd for Issuance				
<u>AUG 28 2013</u>	<input type="checkbox"/>	Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
Secretarial Staff	<input type="checkbox"/>	Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): L. AURENCE DATTMS  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 8-20-13

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 820 WILKINS RD. MENOMONIE, WI. 54751

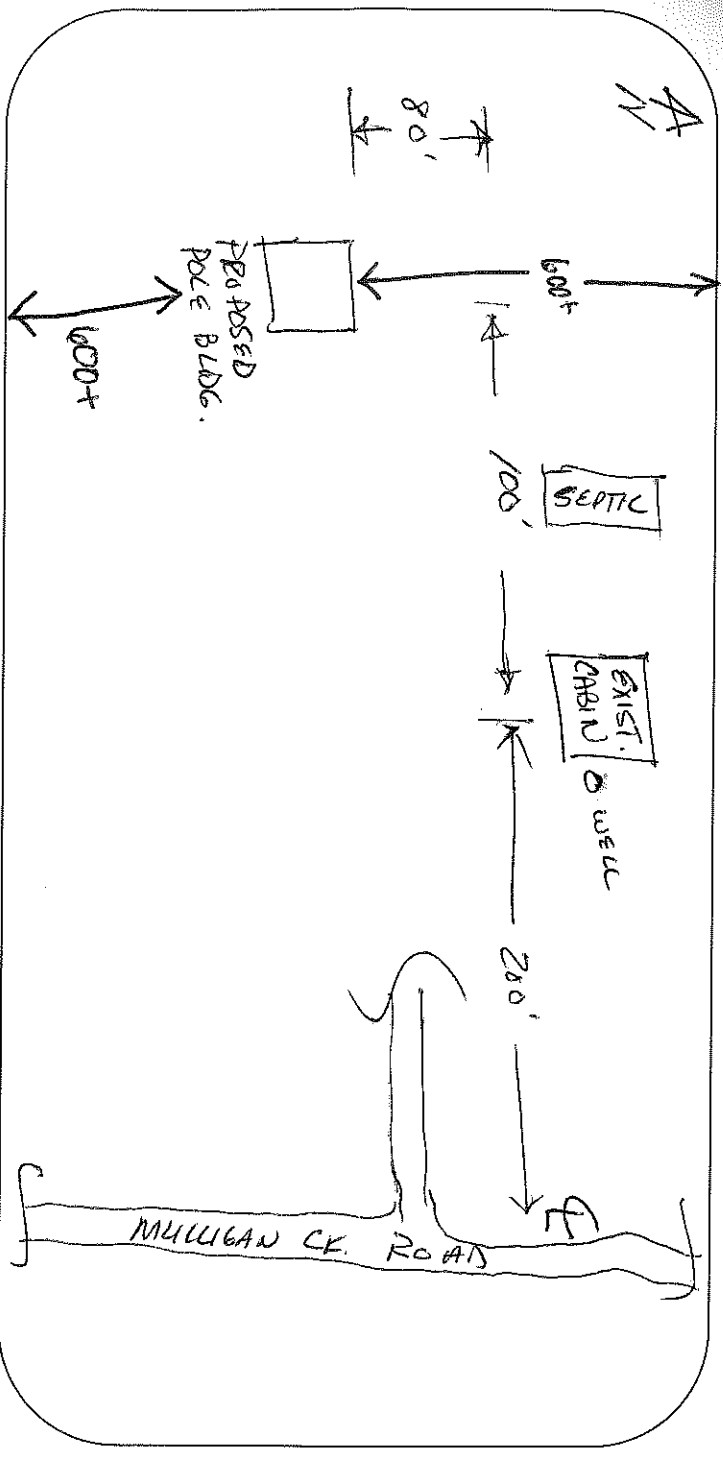
Attach  
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch Your Property (regardless of what you are applying for)

1. Show Location of: Proposed Construction  
2. Show / Indicate: North (N) on Plot Plan  
3. Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
4. Show: All Existing Structures on your Property  
5. Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
6. Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
7. Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 + Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	300 + Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	600 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	600 + Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	400 + Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	200 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0074		Permit Date: 8-28-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					
Date of Inspection:	8-27-13	Inspected by:	M. Fuchs	Zoning District	(F-1)
Condition(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If No they need to be attached)			
Signature of Inspector:	Michael Fuchs	Date of Approval:	8-28-13	Lakes Classification	(NA)
Hold For Sanitary:	<input type="checkbox"/> _____	Hold For TBA:	<input type="checkbox"/> _____	Hold For Affidavit:	<input type="checkbox"/> _____
Hold For Fees:	<input type="checkbox"/> _____	Hold For Fees:	<input type="checkbox"/> _____		

May not be used for human habitation, no water under pressure in structure.



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY PLANNING AND ZONING DEPARTMENT  
Date Stamp Received  
AUG 27 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-00716  
Date: 8-30-13  
Amount Paid: \$75  
Refund: 8-09-13  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Address of Property: 55755 Jeffrey W Britton 55755 George Lake Rd	
Contractor: self	City/State/Zip: Same Barnes, WI 54873
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: Plumber: Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: NE 1/4, 1/4	PIN: (23 digits) 04 004-2-45-09-18-100-260-36000 Recorded Document: (i.e. Property Ownership) Volume 796 Page(s) 778
Section 18, Township 45 N, Range 9 W	Town of: Barnes Subdivision: Potawatomi Estates Lot Size: 32+ Acreage: 288
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue →	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	

Value at Time of Completion * include donated time & material \$ 14,000	Project (What are you applying for) <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
---	--	--	--	---	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: 26	Width: 32	Height: 16
Proposed Construction:	Length: 26	Width: 32	Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X )	
	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2 <sup>nd</sup> ) Porch	( ) X )	
	with a Deck	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X )	
	Mobile Home (manufactured date)	( ) X )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( ) X )	
	Accessory Building (specify) garage	( 24 x 38 )	768
	Accessory Building Addition/Alteration (specify)	( ) X )	
Rec'd for Issuance			
	Special Use: (explain)	( ) X )	
	Conditional Use: (explain)	( ) X )	
	Other: (explain)	( ) X )	
AUG 30 2013			

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application including any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): ☒ Jeffrey W Britton  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

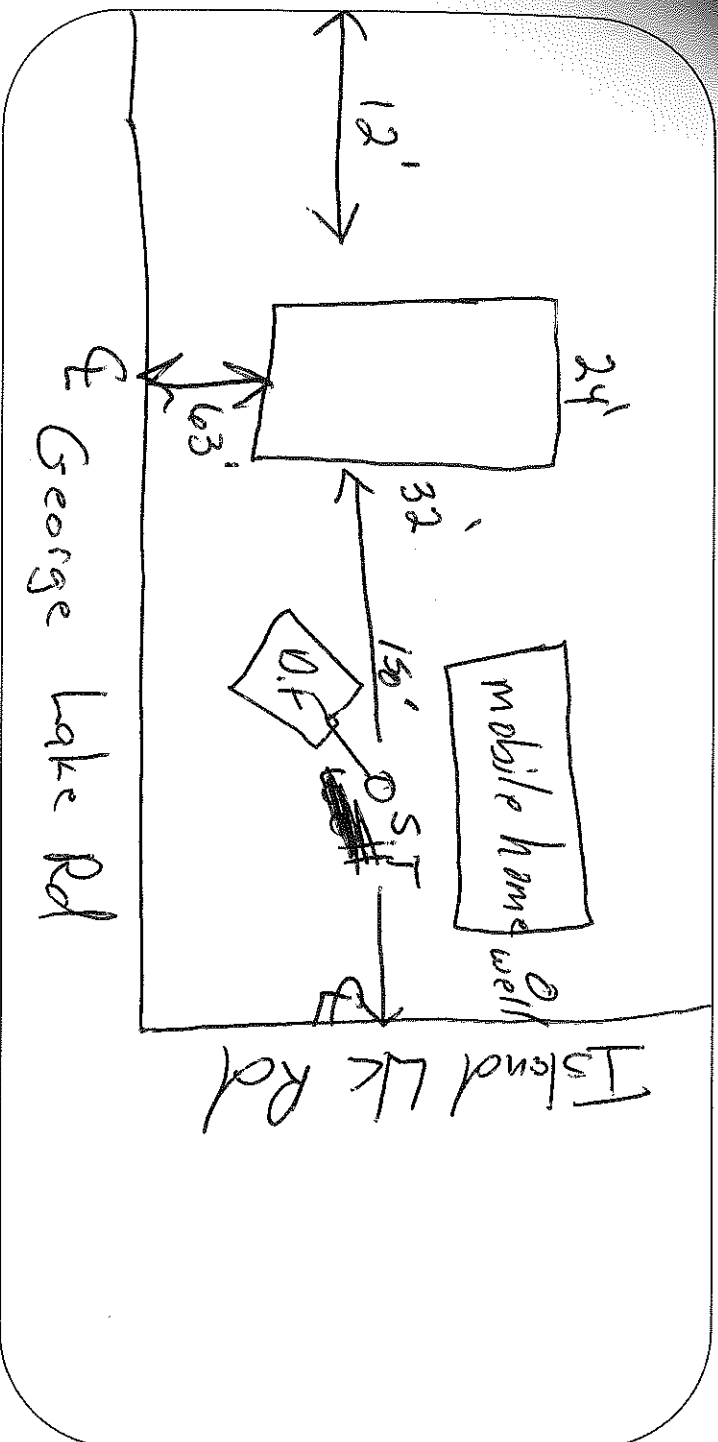
Authorized Agent: \_\_\_\_\_ Date 8-26-13

(if you are signing on behalf of the owner(s)) a letter of authorization must accompany this application  
Address to send permit Same as above



Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- 1) Show / Indicate: North (N) on Plot Plan
- 2) Show Location of (\*): (\*\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- 3) Show: All Existing Structures on your Property
- 4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- 5) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- 6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	63 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the North Lot Line	130+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the South Lot Line	130+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the West Lot Line	130+ Feet	Setback from Wetland	NA Feet
Setback from the East Lot Line	150+ Feet	Setback from 20% Slope Area	NA Feet
Setback to Septic Tank or Holding Tank	50+ Feet	Elevation of Floodplain	NA Feet
Setback to Drain Field	60+ Feet	Setback to Well	80+ Feet
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

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For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0076		Permit Date: 8-30-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: Well Staked. Meets all setbacks		Inspected by: M. Furtado		Zoning District (R-1) Lakes Classification (NA)
Date of Inspection: 8-27-13		Inspected by: M. Furtado		Date of Re-Inspection:
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
May not be used for human habitation. No water under pressure in structure				
Signature of Inspector: Michael Furtado		Date of Approval: 8-29-13		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>